

It has been stated as further argument in favor of cholecystectomy that by the removal of the gall bladder there is no danger of a recurrence of the cholecystitis, the disturbing element. I have not seen such disturbance occur after simple cholecystostomy and drainage if the stones have been thoroughly removed. It may always be desirable to remove the gall bladder for all the diseases to which it is liable, but the question to be answered is, is it always wise to do so?

In the presence of obstructive jaundice the operation of cholecystectomy is not advisable. The common duct being already obstructed it is desirable either to remove the stone and rely on the future patency of the duct for the relief of the patient, or to remove the stone and anastomose the gall bladder to the intestine, or to leave the stone in situ and perform cholecystenterostomy. It must be more difficult to anastomose the common duct itself than to anastomose the gall bladder to the intestine.

It has been stated that cholecystectomy should be considered as a curative operation, as it removes the cause of the disease. From what I have already stated I am satisfied that this is not so. Having seen large stones in the hepatic duct and in abscesses of the liver I am convinced that quite large stones may form outside of the gall bladder. There must, therefore, still be a danger of obstruction of the ducts even after the gall bladder has been removed. It would be interesting to ascertain whether the animals possessing no gall bladder suffer from gallstones.

A great deal has been said regarding the fistulae that are left after cholecystostomy. They are not comfortable, but are undoubtedly curative, and, in the large majority of cases, they close without trouble. The only fistula that is troublesome is the mucous fistula, and, as we have already decided that the gall bladder should be removed in the cases in which the mucous fistula is liable to form, this difficulty is done away with. The fistula that forms owing to the fact that the common duct is still obstructed is a useful one, for without it the patient must undoubtedly continue to suffer from jaundice, and if it persists after having fulfilled its offices it may be done away with by making an anastomosis when the patient is in a greatly improved condition. So that we see the discomfiture to the surgeon